

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28480

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **People Hospital**)

File No.

Registered No. **8010**

St. Ward)

2. FULL NAME

(a) Residence. No. **Richman Heights 21** Ward. **St. Louis Co. Mo.**
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **6-21-1886**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 **2** **16**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Palmer**
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

10. NAME OF FATHER **Joseph Bee**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

12. MAIDEN NAME OF MOTHER **Sarah Ann Bee**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

14. INFORMANT (Address) **Henry Bee, Richman Heights Mo**

15. FILED **SEP - 9 1927** REGISTRAR **Max E. Starkey**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **9-7-1927**

17. I HEREBY CERTIFY, That I attended deceased from **8-30-27**, 19**27**, to **9-7-**, 19**27** that I last saw him alive on **9-7-**, 19**27**, and that death occurred, on the date stated above, at **10 A. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia

CONTRIBUTOR (SECONDARY) **1000** (duration) yrs. mos. da. **9** da.

18. WHERE WAS DISEASE CONTRACTED **Home**
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical findings**

(Signed) **J. Asterling** M. D.
9-8-1927 (Address) **Maplewood Mo.**

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Park** DATE OF BURIAL **9-11-1927**

20. UNDERTAKER **W. S. Woodruff** ADDRESS **4202 Pine**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

